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PTO/SB/50 (4/98)  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

109/648588  
08/25/00

## REISSUE PATENT APPLICATION TRANSMITTAL

Address to:  Assistant Commissioner of Patents Box Patent Application Washington, DC 20231	Attorney Docket No.	10767-003001
	First Named Inventor	Michel Lesimple
	Original Patent Number	5,800,057
	Original Patent Issue Date	September 1, 1998
	Express Mail Label No.	EL445374750US

APPLICATION FOR REISSUE OF:  
(check applicable box)

Utility Patent

Design Patent

Plant Patent

### APPLICATION ELEMENTS

1.  \* Fee Transmittal Form (PTO/SB/56)  
(Submit an original and a duplicate for fee processing)
2.  Specification and Claims (amended, if appropriate)
3.  Drawing(s) (Proposed amendments, if appropriate)
4.  Reissue Oath / Declaration (original or copy)
5.  Original U.S. Patent
6.  Offer to surrender Original Patent (37 C.F.R. § 1.178)  
(PTO/SB/53 or PTO/SB/54)
7.  Ribboned Original Patent Grant
8.  Affidavit / Declaration of Loss (PTO/SB/55)
9.  Original U.S. Patent currently assigned?  
 Yes  No  
(If Yes, check applicable box(es))
10.  Written Consent of all Assignees (PTO/SB/53 or 54)
11.  37 C.F.R. § 3.73(b) Statement  Power of Attorney

### ACCOMPANYING APPLICATION PARTS

7.  Foreign Priority Claim (35 U.S.C. 119)  
(if applicable)
8.  Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS Citations
9.  English Translation of Reissue Oath/Declaration  
(if applicable)
10.  Small Entity Statement(s)  Statement filed in prior application, status still proper and desired  
(PTO/SB/09-12)
11.  Preliminary Amendment
12.  Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
13.  Other: Request for Transfer of Original Drawings

Note for items 1&10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), except if one filed in a prior application is relied upon (37 C.F.R. § 1.28)

### 14. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	(Insert Customer No. Or Attach bar code label here)			Or <input checked="" type="checkbox"/> Correspondence address below
Name	John J. Gagel Fish & Richardson P.C.			
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NAME (Print/Type)	Fish & Richardson P.C.	Registration No. (Attorney/Agent)	33,499
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Signature	<i>John J. Gagel</i>	Date 08/25	August 25, 2000
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PTO/SB/54 (12-97)

Approved for use through 9/30/00. OMB 0651-0033

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## REISSUE APPLICATION FEE TRANSMITTAL FORM

DOCKET NUMBER (Optional)

10767-003001

### Claims as Filed – Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 14	Total Claims (37 CFR 1.16(i))	(B) 50	30	x \$9 =	\$270	or	x \$ =
(C) 3	Independent Claims (37 CFR 1.16(i))	(D) 7	4	x \$39 =	\$156		x \$ =
				Basic Fee (37 CFR 1.16(h))	\$345		\$
				Multiple Claim Fee	\$130		
				Total Filing Fee	\$901	OR	\$

### Claims as Amended – Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(i))		MINUS	**	* =	x \$ =		or	x \$ =
Independent Claims (37 CFR 1.16(i))		MINUS	*****	=	x \$ =			x \$ =
				Total Additional Fee	\$	OR	\$	

If the entry in (D) is less than the entry in (C), write "0" in column 3.

If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space

After any cancellation of claims

If "A" is greater than 20, use (B-A); If "A" is 20 or less, use (B-20).

"Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (c).

Please Charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_  
A Duplicate Copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 06-1050  
A duplicate copy of this sheet is enclosed.

A check in the amount of \$ 901 to Cover the filing/additional fee is enclosed.

August 25, 2000

Date

Signature of Applicant, Attorney or Agent of Record

John J. Gagel, Reg. No. 33,499

Typed or Printed Name

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